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Melissa Marsh

(Depositary name)

10/29/2009

(Date)

October 27, 2009

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/333,724

06/15/1999

BRYAN C. OBERHARDT

2030.0073-81

4443

TITLE OF INVENTION: AUTOMATIC CONTROL OF BROADCAST AND EXECUTION OF INTERACTIVE APPLICATIONS TO MAINTAIN SYNCHRONOUS OPERATION WITH BROADCAST PROGRAMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
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nonprovisional

NO

\$1510

80

\$1460

\$1510

10/29/2009

EXAMINER	ART UNIT	CLASS/SUBCLASS
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SALCE, JASON P.

2421

725.06000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address or Change of Correspondence Address Form PTO/SB/122 attached.

"Fee Address" indication for "Fee Address" indication form PTO/SB/17, Rev 03-92 (or most recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, but

(a) the names of up to 3 registered patent attorneys or agents OR, alternately,

(b) the name of a single firm having as a member a registered attorney or agent and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

, Schwegman, Lundberg

& Woessner, P.A.

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLAQUE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(a) NAME OF ASSIGNEE

Wink Communications, Inc.

(b) RESIDENCE: (CITY AND STATE OR COUNTRY)

San Francisco, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4. The following fee(s) are submitted:

Issue Fee

Publication Fee (No small entity discount permitted)

Advance (or - 8 of C-pes)

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

A check is enclosed

Payment by credit card. Form PTO-203B is attached

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-074. Enclose an extra copy of this form.

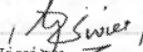
5. Change in Entity Status (from status indicated above)

A applicant claiming SMALL ENTITY status. See 37 CFR 1.27.

An applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Authorized Signature:



Date: 10.27.2009

Typed or printed name:

Garth Vivier

Registration No. 57,313

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